

State Plan Under Title XIX of the Social Security Act

State Nebraska

Bedholding

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The Nebraska Medical Assistance Program makes payments to reserve a bed in a nursing facility (NF) or an intermediate care facility for the mentally retarded (ICF/MR) during a client's absence due to hospitalization for an acute condition and for therapeutically-indicated home visits. Therapeutically-indicated home visits are overnight visits with relatives and friends or visits to participate in therapeutic or rehabilitative programs. Payment for bedholding is subject to the following conditions:

1. A held bed must be vacant and counted in the census. The census must not exceed licensed capacity;
2. Hospital bedholding is limited to full per diem reimbursement for 15 days per hospitalization (hospital bedholding does not apply to hospital NF-swing-beds or to hospitalization following a Medicare-covered (SNF) stay);
3. Therapeutic leave bedholding is limited to full per diem reimbursement for 18 days per calendar year for a client residing in a NF and 36 days per calendar year for a client residing in an ICF/MR. Bedholding days are prorated when a client is admitted after January 1;
4. A transfer from one facility to another does not begin a new 18-day period;
5. The client's comprehensive care plan must provide for therapeutic leave; and
6. Facility staff shall work with the client, the client's family and/or guardian to plan the use of the allowed 18 days of therapeutic leave for the calendar year.

When the limitation for therapeutic leave interferes with an approved therapeutic or rehabilitation program, the facility may submit a request for special limits of up to an additional six days per calendar year to the Medical Services Division.

ASSURANCES FOR ATTACHMENT 4.19-C, pages 1 and 2

Assurances associated with payment rate for reserve bed days for skilled nursing facilities effective May 1, 1987 required by 42 CFR 447.253-255.

Payment to a skilled nursing facility (SNF) to reserve a bed while a resident is absent over night for visitation or hospitalization is available only if the person has required care in a skilled nursing facility for at least three (3) consecutive months and subject to the following limitations:

1. This percentage is comparable to the percentage paid to an intermediate care facility for reserve bed days.
2. Payment rates at 75% of the usual Medicaid rate are reasonable to maintain for on-going expenses of a facility while a resident is absent.
3. Public Notice requirements. In accordance with 42 CFR 447.205 the Department gave public notice before May 1, 1987. A copy of the notice is attached.

Nebraska MS87-08

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eff 5/1/87